

11-26-01



Wg 3764
#2/Prior art
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PERLMAN DUNCAN, LLP

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November 15, 2001

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Washington DC 20231

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TECHNOLOGY CENTER R3700

Title: Anatomical Device
Inventor: Richard P. Bagby
Application No. 09/922,188
Filing Date: 08/03/2001
Docket No. BAG-01-001
Papers Being Filed: Information Disclosure Statement

Dear Assistant Commissioner of Patents:

Enclosed herein are the following items pertaining to the subject utility patent application:

Transmittal Form (1 page)
Information Disclosure Statement (1 page)
U.S. Patent Nos: 3,612,047; 3,794,020; 4,203,432; 5,306,227; 5,327,910;
5,336,157; 5,421,324; 5,526,803; 5,695,444; 5,810,710; 5,873,813; and
5,997,469.

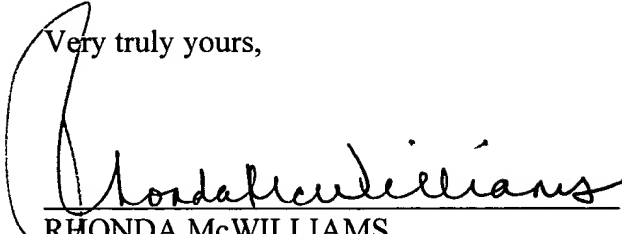
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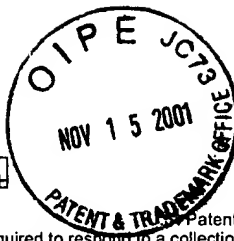
RHONDA McWILLIAMS

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Enclosures

cc: Richard P. Bagby w/o enc.

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/922,188
	Filing Date	08/03/2001
	First Named Inventor	Richard P. Bagby
	Group Art Unit	3764
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	BAG-01-00

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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